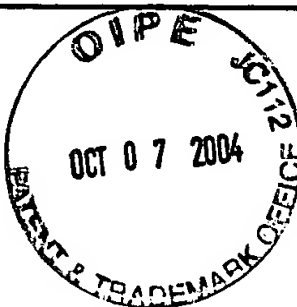
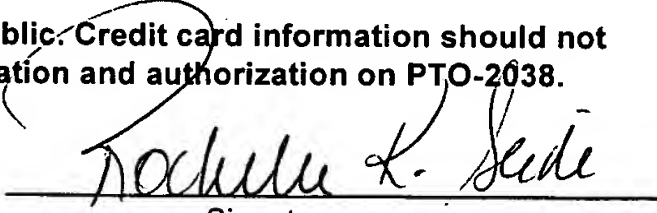


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) A32362 (072396.0174)	
	In re Application of <u>Marin et al.</u>		
	Application Number <u>09/320,767</u>		Filed <u>May 27, 1999</u>
	For <u>GENE TRANSFER TO PANCREATIC</u> * <u>see attached</u>		
	Group Art Unit <u>1635</u>		Examiner <u>Angell, J.</u>
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and appropriate non-small-entity fee are as follows (check time period desired):			
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))		\$ _____	
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))		\$ _____	
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))		\$ <u>980</u>	
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))		\$ _____	
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))		\$ _____	
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ <u>490</u> .			
<input checked="" type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>02-4377</u> .			
I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input checked="" type="checkbox"/> attorney or agent of record.			
<input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____			
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.			
<u>October 5, 2004</u> Date		 Signature	
PTO Reg No.: 32,300		<u>Rochelle K. Seide</u> Typed or printed name	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of _____ forms are submitted.			

Title: GENE TRANSFER TO PANCREATIC CELLS FOR PREVENTION OF ISLET DYSFUNCTION

Use Space Below for Additional Information: